

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>CH</i>	<i>000000</i>	<i>6/19/00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>JK</i>	<i>823</i>	<i>6/19/00</i>
<b>FORMALITY REVIEW</b>	<i>ES</i>	<i>804</i>	<i>6/28/00</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>11/15/00</i>

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
1	11/12/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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